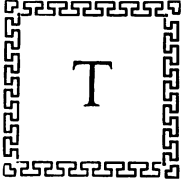


THE HOSPITALS OF NEW YORK CITY*

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THERE are approximately 50,000 beds in the 200 voluntary, municipal and proprietary hospitals in New York City, some of which are among the finest in the world, others leave much to be desired. The total expenditure for their maintenance is currently about \$500 million per year. These figures do not present the true situation because they do not reflect the services left uncovered, but needed. The real hospital deficits are the failures to provide the essential services which a group of institutions should be expected to supply.

Little can be added to the numerous studies and surveys made during recent decades which have pointed out the lack of coordination in the construction and expansion of institutions, the serious shortages of attending staffs, interns, residents and other professional personnel at all levels, the growing obsolescence and inferior maintenance of many facilities and the failure of certain institutions to meet professional standards and service demands. In 1959, for example, 56 of the 184 hospitals participating in the Associated Hospital Service of New York were not accredited by the Joint Commission on Accreditation of Hospitals.

The hospitals of New York City are facing a crisis not only because of inadequate finances and inadequate staffs but also in many instances because of inadequate planning and management to meet the needs of up-to-date medical care in present-day society. Piecemeal suggestions for partial solution of some phases of the overall problem have resulted from some of the studies and surveys. What is needed is a dynamic, functional concept that the hospital, collectively and individually, is the keystone in the arch of medical services for the entire community, not merely an institution of limited scope.

It is obvious that there are many problems of internal organization

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and management associated with the operation of a hospital, the details of which need not be recited. But the essential function of a hospital—in fact the only reason for its existence or support—is that of providing the highest type of professional services required by individual patients and their families.

Medicine today is in a stage of rapid evolution, accelerated by the phenomenal growth of knowledge during recent years and by the increasing public concern with the health of the entire population, which in itself has made medicine as much a social as a biological science. There is general agreement that the health and vigor of the individual and of the people as a whole are vital assets to the country. Equally, and in a more personal sense, they also are the concern of every citizen and his family. Knowledge regarding the maintenance, protection and improvement of health has been greater in the past 50 than in the previous 5000 years, but there is a wide gap between what is known and what is actually available and applied.

Medical knowledge is now so complex and requires so many different skills and aptitudes that no single individual can master the entire subject. The development of specialization has been inevitable and, within limits, desirable. Complete medical services can no longer be rendered by an individual alone. The necessity of cooperation between family physicians and specialists in the diagnosis, care and treatment of many patients and in various phases of individual preventive medicine and rehabilitation after recovery from illness or injury is self-evident.

Associated with the need of some form of cooperative practice is the increasing emphasis upon comprehensive as distinguished from episodic medical care based largely on diagnostic, curative and restorative procedures. In such services, special emphasis should be placed upon preventive medical care for the family as well as for the individual.

The general hospital of the future should be structured to meet the professional needs of the community, not by the demands of internal management or of the staff alone. It no longer is limited to the treatment of acute illness but increasingly shares in the responsibility of early diagnosis, care of patients with chronic disease, physical and mental rehabilitation and restoration of the handicapped, out-patient services, home care, affiliation with nursing homes, "homestead plans," homes for the aged and infirm, vocational rehabilitation, intensive care units, progressive medical care and other features of complete health services

provided for in part through cooperating "satellite" institutions and community agencies. In the future it will be expanded to provide preventive medical services for ambulant patients and well people, with in-patient beds reserved primarily for the acutely ill and those requiring special diagnostic or treatment facilities and personnel. Out-patient services for follow-up, ambulatory and home treatment often can obviate the need of expensive in-patient care.

Every hospital worthy of the designation should be concerned with the professional education of doctors, dentists, nurses, social workers, technicians of every kind, young attending physicians, administrators and the general public. The growing importance of the non-university hospitals in the field of professional education is being recognized more fully. Fortunately, an increasing number of non-university institutions now have or are creating modern laboratories and other facilities and professional staffs of excellence, some of them with a nucleus of full-time members, which will be able to provide a high quality of instruction to house staffs and practicing physicians and to strengthen patient care.

The decision of the City of New York to create a nucleus of full-time salaried clinical and laboratory staffs in certain municipal hospitals not affiliated with medical schools is of great significance. Such a nucleus of physicians, in cooperation with community practitioners on the staff, will be responsible for the professional care of patients and the supervision and training of interns and residents. The plan can be a pattern for other local hospitals serving major population groups not otherwise covered and is now in operation in a number of voluntary institutions. Some of the community hospitals, voluntary and municipal, provide excellent services comparable in many instances with the quality in university affiliated institutions.

It is not the function of medical education to graduate enough physicians annually to fill all hospital house staff positions. During the last two decades many hospitals, including a number in New York City, have been approved that do not meet adequate standards for intern and residency education. The number of approved residencies has increased 600 per cent in the last 20 years, during which period the output of the American medical schools has risen 35 per cent. Over three-fourths of the 13,032 approved internships and over one-half of the 31,733 approved residencies in the country are in non-university hospitals. There

are now more than five times as many "students" in the organized phases of graduate medical education as those who complete their training annually in the 85 medical schools of the country. Many hospitals without well developed instructional programs for interns and residents should meet their house staff needs by salaried physicians. It would not be possible or desirable that the medical schools be expected to staff all or any large proportion of the community hospitals, but it is their responsibility to educate and produce doctors for attending staff positions who are competent to discharge such obligations.

It is fully recognized that specialized units of general hospitals are required for the early phases of the care and treatment of tuberculosis, cancer, chronic and long-term illnesses, contagious diseases, mental disorders and other major diseases. But many patients with such disorders should be treated and cared for in facilities designed and staffed by personnel of proper qualifications to meet their special needs after their immediate problems are solved. This can be done at much lower costs than the services required for acute and emergency care.

The problem of providing proper medical services is not alone that of producing more physicians but of educating them better and obtaining a more satisfactory distribution and effective utilization of existing doctors and future graduates. The solution is in part the creation and financial support of hospital centers. The greatest waste of manpower in our present scheme of medical care occurs in that period of five to ten years after completion of hospital training when highly trained young physicians are only partly occupied in the early stages of establishing themselves in practice.

In appraising the needs and making programs for medical and hospital care, it is important to keep in mind that the character of medical needs in this country has changed greatly in the last twenty-five years. Many thousands of individuals now live to middle or old age as a result of the control of the crippling and killing diseases of early life, which explains in large part the alteration in the age distribution of the population. Their major problems of medical and hospital care are for the disorders of adult, middle and old age. These conditions require early diagnosis and preventive therapy, maintenance rather than cure, the correction of disabilities, often chronic in character, and the rehabilitation of the handicapped through vocational, psychological, educational and medical services.

There is a large area of agreement on the general statements made. Translating them into action would involve some of the following steps, as examples. A number of the small voluntary hospitals should merge with other voluntary institutions, large or small. Several municipal hospitals should be combined to form modern medical centers strategically located in relation to public needs. Others should be closed or converted into satisfactory nursing homes or rehabilitation units. A number of modern facilities for the infirm and aged should be built and staffed with salaried medical personnel on Welfare Island, as originally discussed years ago. A well conceived program of this kind would make possible the removal of many people from the present costly acute general hospitals, voluntary as well as municipal, and provide services which they need and which often cannot be arranged for satisfactorily in a general hospital.

The number of proprietary nursing homes of proper caliber can be expanded to great advantage. The growth of small proprietary hospitals, often built or continued without adequate professional standards or real community needs, should be curtailed through licensing procedures. Affiliations between certain municipal and high level voluntary hospitals and with medical schools where practical, through service contracts or other devices, should be encouraged. The possibilities of building new municipal hospitals in the future near existing or new medical schools should be explored, if in doing so they continue to serve the medical needs of a substantial local population.

The educational programs at all levels in hospitals, voluntary as well as municipal, should be intensified. A nucleus of "full-time" medical staff should be created and developed in every hospital of sufficient size in order to strengthen the educational and service programs. There should be a decided expansion of out-patient and home care services for the region served by each hospital.

The administration of the City Department of Hospitals needs to be freed from many hampering regulations and unnecessary outside controls if it is to function properly. The entire program of the Department should be decentralized into units with responsibilities geared to the needs of the local areas to be served and related actively to other voluntary or municipal programs in the region.

The above remarks are only a few illustrations of the progress that can be made in meeting the broad public and professional responsibilities

of the hospitals of New York City. They suggest many others. We must build for the future in hospital services and medical care as daringly and as energetically as we have built other aspects of our national economy such as industry, transportation, agriculture and housing. Our thinking and aims must be at the level of the dramatic, not the commonplace. This is well illustrated by the present nation-wide programs of voluntary prepayment hospital and medical insurance for over 70 per cent of the population. The shift in the methods of payment from the individual or family in distress to an organization of well and employed persons, whether voluntary or governmental, which decides in advance how its funds are to be spent has created a new and powerful force in the operation of hospitals and the conduct of medical practice in this country and city. We are no longer living in an individualistic world, but in one which demands cooperation and interdependency.

The hospital program of New York City should envision the health needs of the entire area. Its planning should be comprehensive enough and structured to include everyone who is qualified to participate. The trustees of each voluntary and proprietary hospital and the City Administration must supply cooperative leadership and a determination to articulate their own individual programs into the fabric of an over-all community-wide plan under a permanent, representative, city-wide agency in the nature of a "Hospital Authority."